

Case Number:	CM14-0103371		
Date Assigned:	07/30/2014	Date of Injury:	04/04/2011
Decision Date:	09/30/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in American Board of Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records, presented for review, indicate that this 48-year-old individual was reportedly injured on 4/4/2011. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated 5/6/2014, indicated that there were ongoing complaints of left upper extremity pain. The physical examination demonstrated left elbow positive tenderness to palpation over the medial epicondyle, positive Tinel's test at cubital tunnel, positive flexion test. Range of motion was 0-135. Bilateral wrists had positive Tinel's test and positive Phalen's test. There was full range of motion. Diagnostic imaging studies included an MRI of the left elbow, dated 1/10/2014, which revealed a partial tear at the common extensor tendon. EMG / NCS of the upper extremities revealed left cubital tunnel syndrome, according to this treatment record. Previous treatment included physical therapy, steroid injections, medications, and conservative treatment. A request had been made for omeprazole 20 mg #60 and tramadol 150 mg #60 and was not certified in the pre-authorization process on 6/4/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective request for Omeprazole 20mg, qty 60, DOS 05/06/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review, of the available medical records, fails to document any signs or symptoms of GI (Gastrointestinal) distress, which would require PPI treatment. As such, this request is not considered medically necessary.

Retrospective request for Tramadol ER 150mg, qty 60, DOS 05/06/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007),Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82,113.

Decision rationale: The California MTUS guidelines support the use of tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of tramadol. As such, the request is not considered medically necessary.